County: Dunn AMERICAN LUTHERAN - MENOMONIE UNIT

915 ELM AVENUE

MENOMONIE 54751 Phone: (715) 235-9041		Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	55	Average Daily Census:	57

Services Provided to Non-Residents	- 1	Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34. 5
Supp. Home Care-Personal Care	No	D 1 . 1 D. 1.11				1 - 4 Years	50. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	1.8	Under 65	1.8	More Than 4 Years	14. 5
Day Services	No	Mental Illness (Org./Psy)	32. 7	65 - 74	3. 6		
Respite Care	No	Mental Illness (Other)	9. 1	75 - 84	30. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	49. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	14. 5	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	7. 3	ĺ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	14. 5	65 & 0ver	98. 2		
Transportati on	No	Cerebrovascul ar	12. 7			RNs	17. 7
Referral Service	No	Di abetes	0. 0	Sex	% j	LPNs	2. 9
Other Services	No	Respi ratory	3. 6		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	18. 2	Male	25. 5	Ai des, & Orderl i es	39. 5
Mentally Ill	No			Female	74. 5		
Provi de Day Programming for	ĺ		100.0		j		
Developmentally Disabled	No				100. 0		
*************	*****	***********	*****	, *******	*******	*********	*****

Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19) (Pri vate Other Pay					Family Care			Managed Care								
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	4. 8	143	0	0. 0	0	0	0. 0	0	1	1. 8
Skilled Care	3	100.0	286	22	71.0	102	0	0.0	0	16	76. 2	124	0	0.0	0	0	0.0	0	41	74. 5
Intermedi ate				9	29.0	85	0	0.0	0	4	19. 0	112	0	0.0	0	0	0.0	0	13	23.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		31	100.0		0	0.0		21	100.0		0	0.0		0	0.0		55	100.0

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Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01 Deaths During Reporting Period % Needi ng Total Percent Admissions from: Activities of % Assi stance of % Totally Number of Private Home/No Home Health 7. 2 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 0.0 89. 1 10. 9 55 Other Nursing Homes 2.9 Dressi ng 20.0 69. 1 10.9 55 Acute Care Hospitals Transferring 79. 7 38. 2 43.6 18. 2 **55** Psych. Hosp. - MR/DD Facilities 0.0 Toilet Use 30. 9 50. 9 18. 2 55 Eati ng Rehabilitation Hospitals 54. 5 55 0.0 5. 5 Other Locations ****** 10. 1 Total Number of Admissions 69 Special Treatments % Continence Percent Discharges To: Receiving Respiratory Care Indwelling Or External Catheter 5. 5 10.9 Receiving Tracheostomy Care Private Home/No Home Health 31.4 Occ/Freq. Incontinent of Bladder 41.8 0.0 Receiving Suctioning Private Home/With Home Health 12. 9 Occ/Freq. Incontinent of Bowel 27.3 0.0 8. 6 Receiving Ostomy Care Other Nursing Homes 0.0 Acute Care Hospitals Receiving Tube Feeding 18.6 Mobility 1.8 Physically Restrained Receiving Mechanically Altered Diets Psych. Hosp. - MR/DD Facilities 0.0 16. 4 32.7 Rehabilitation Hospitals 0.0 Other Locations 12.9 Skin Care Other Resident Characteristics Have Advance Directives Deaths 15. 7 With Pressure Sores 5. 5 100.0 Total Number of Discharges With Rashes 5. 5 Medi cati ons (Including Deaths) 70 Í Receiving Psychoactive Drugs 58. 2

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Bed Size: This Nonprofit 50-99 Facility Peer Group % Ratio % Ratio		50	- 99	Ski	ensure: lled Group	Al l Faci l	l lities		
				%	Ratio	%	Ratio				
	00.0	00.0	1 01	05.1	1.05	04.4	1 00	04.0	1 00		
Occupancy Rate: Average Daily Census/Licensed Beds	89. 8	88. 9	1. 01	85. 1	1. 05	84. 4	1. 06	84. 6	1. 06		
Current Residents from In-County	96. 4	78. 4	1. 23	72. 2	1. 34	75. 4	1. 28	77. 0	1. 25		
Admissions from In-County, Still Residing	26. 1	25 . 3	1. 03	20. 8	1. 25	22. 1	1. 18	20. 8	1. 25		
Admissions/Average Daily Census	121. 1	108. 1	1. 12	111. 7	1. 08	118. 1	1. 03	128. 9	0. 94		
Discharges/Average Daily Census	122. 8	107. 3	1. 14	112. 2	1. 09	118. 3	1.04	130.0	0. 94		
Discharges To Private Residence/Average Daily Census	54. 4	37. 6	1.44	42.8	1. 27	46. 1	1. 18	52. 8	1. 03		
Residents Receiving Skilled Care	76. 4	90. 9	0.84	91. 3	0.84	91. 6	0. 83	85. 3	0. 90		
Residents Aged 65 and Older	98. 2	96. 2	1. 02	93. 6	1. 05	94. 2	1. 04	87. 5	1. 12		
Title 19 (Medicaid) Funded Residents	56. 4	67. 9	0. 83	67. 0	0. 84	69. 7	0. 81	68. 7	0. 82		
Private Pay Funded Residents	38. 2	26. 2	1. 46	23. 5	1. 63	21. 2	1. 80	22. 0	1. 73		
Developmentally Disabled Residents	1.8	0. 5	3. 60	0. 9	2. 01	0. 8	2. 31	7. 6	0. 24		
Mentally Ill Residents	41. 8	39. 0	1. 07	41. 0	1. 02	39. 5	1.06	33. 8	1. 24		
General Medical Service Residents			1. 07	16. 1							
	18. 2	16. 5			1. 13	16. 2	1. 12	19. 4	0. 94		
Impaired ADL (Mean)	42. 2	49. 9	0. 85	48. 7	0. 87	48. 5	0. 87	49. 3	0. 86		
Psychological Problems	58 . 2	48 . 3	1. 20	50. 2	1. 16	50. 0	1. 16	51. 9	1. 12		
Nursing Care Required (Mean)	7. 0	7. 0	1.00	7. 3	0. 97	7. 0	1. 00	7. 3	0. 96		